



Revised May 2005

Waiver Wise

Technical Assistance for the Community Options Program Waiver COP-W

Wisconsin Department of Health & Family Services • Division of Disability and Elder Services
Bureau of Aging and Long Term Care Resources

Volume 01 Issue 01

Residential Care Apartment Complexes (RCACs)

What are RCACs?

A Residential Care Apartment Complex (RCAC) consists of individual apartments where five or more adults reside. Each of these apartments has an individual lockable entrance and exit, as well as an individual bathroom, sleeping area, living area, and kitchen. The kitchen must include a stove (an appliance with both burners and an oven) or a microwave oven of at least 1,000 watts. In addition, an RCAC may provide a resident up to 28 hours a week of a combination of supportive, personal, and nursing services, such as assistance with bathing, dressing and grooming, laundry and housekeeping, and medication set-up and monitoring.

The term "RCAC" does not include a nursing home or community-based residential facility (CBRF). However, it may be a separate and distinct part of a structure that is a nursing home or CBRF.

RCACs are required to be either registered or certified. Waiver funds cannot be used to support participants in registered facilities. For a participant to be funded in an RCAC by the Medicaid waiver program, the RCAC must be certified.

Key Items to Note:

- In order to be eligible for waiver funding, an RCAC must be certified and in satisfactory compliance with Wisconsin State Statutes and HFS 89, Wisconsin Administrative Code that governs RCAC's. Information may be obtained from the Department of Health and Family Services, Division of Disability and Elder Services, Bureau of Quality Assurance, 1 West Wilson St., Madison WI, 53701.
- There is a cap on the dollar amount of waiver funding that can be spent per person, per day for waiver funded RCAC services. The maximum allowable amount is determined annually. A DHFS numbered memo is distributed each year indicating the new amount. The yearly maximum allowable amount cannot exceed 80% of cost of care in a nursing home. Other waiver allowable services, such as care management or adaptive aids, may be provided to the participant and are not included in this maximum funding amount.

- RCAC residents are not eligible for regular COP, CIP 1A, CIP 1B, BIW. Residents of registered RCACs are not eligible for SSI-E.
- CIP II/COP-Waiver participants residing in a certified RCAC cannot have separate billing for home modifications (SPC 112.56), personal emergency response systems (SPC 112.46), nursing (SPC 710), or supportive home care (SPC 104).
- In accordance with HFS 89.29 (1), an RCAC cannot admit individuals who 1) are adjudicated incompetent, 2) have an activated power of attorney for health care or 3) have been found by a physician or psychologist to be incapable of recognizing danger, summoning assistance, expressing need or making care decisions, unless the person being admitted shares an apartment with a competent spouse or other person who has legal responsibility for the individual. It may be possible for a RCAC to retain a tenant who becomes incompetent or incapable of recognizing danger, summoning assistance, expressing need or making care decisions. Per HFS 89.29 (2), (b), the tenant may be retained if 1) the RCAC can ensure adequate oversight, protection and services are provided for the individual, **and** 2) the tenant has a guardian, activated power of attorney for health care, or a durable power of attorney, **and** 3) if both the service agreement and risk agreement are signed by the guardian, the health care agent or the agent with durable power of attorney, if any.
- Waiver funds cannot be used to reimburse any costs associated with a resident's room/board expenses.
- Similar to other participants residing in substitute care facilities, participants residing in an RCAC must have the Room and Board Formula (DDE-920) completed for them in order to determine the amount of income available to pay room and board. This includes the minimum \$65.00 discretionary income amount, as well as any other deductions an ESS may have allowed the participant.
- Participants residing in an RCAC are eligible for the special housing amount on CARES. Residents of substitute care facilities, including RCACs, may use "Room" costs of the facility to access the special housing deduction. See Operations Memo 00-36 for more information.
- A comprehensive assessment must be performed prior to admission indicating all identified needs as a basis in developing the service and risk agreement. (HFS 89-26)

Required Documentation Needed for Participants Residing in RCACs:

There are three documents that are required for participants living in RCACs. It is the county's responsibility to ensure that these documents are complete, calculated accurately, and maintained in the county's files. The three items are a ***risk agreement***, ***contractual service agreement*** between the participant and the RCAC and a ***cost allocation methodology***.

Risk Agreement:

As a protection for both the participant and the facility, a jointly negotiated, individualized risk agreement must be signed and dated by the participant, guardian, POAHC or a DPOA **and** an authorized representative of the RCAC by the date of occupancy (HFS 89.28 (5)). At a minimum, this item should contain the following information:

- 1) Any situation or condition which is known or should be known to the facility which involves a course of action taken or desired to be taken by the tenant contrary to the practice or advice of the facility and which could put the tenant at risk of harm or injury.
- 2) The tenant's preference concerning how the situation is to be handled and the possible consequences of acting on that preference.
- 3) What the facility will and will not do to meet the tenant's needs and comply with the tenant's preference relative to the identified course of action.
- 4) Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition.
- 5) The agreed-upon course of action, including responsibilities of both the tenant and the facility.
- 6) The tenant's understanding and acceptance of responsibility for the outcome from the agreed-upon course of action.
- 7) Any needs identified in the comprehensive assessment, which will not be provided for by the facility, either directly or under contract. (As per Wisconsin Administrative Code 89.28)

The risk agreement must be updated when the participant's condition or service needs change in a way that may affect risk. The risk agreement may be updated at a review or by a change in the contractual service agreement or at the request of the participant or RCAC. (For a sample risk agreement and blank copy, see Attachment 1.)

Although this documentation is not required to be included in the initial waiver application, a copy must to be maintained in the county's files.

Contractual Service Agreement:

The contractual service agreement, per HFS 89.27, must be a mutually agreed-upon, written agreement between the RCAC and the participant. It should outline the specific costs associated with provision of person-specific services to the resident and be consistent with the comprehensive assessment completed prior to admission to the RCAC. It is to be signed by the participant, guardian, POAHC or DPOA **and** an authorized representative of the RCAC, **and** by the county for a tenant whose services are funded under COP-W/CIP II (HFS 89.27 (3), (d)). The agreement should identify the following:

- 1) The type, amount, and frequency of services to be provided to the participant, as well as what services will be available to meet unscheduled needs and additional services available for purchase.
- 2) The charge for the services listed in the service agreement, supplemental fees for services not covered in the service agreement, or other agreements between the RCAC and the participant.

- 3) Policies and procedures which include methods of dealing with the following issues:
 - a.) Additional services
 - b.) Termination or transfer
 - c.) Tenant's rights
 - d.) Dispute resolution

The contractual service agreement must be reviewed when there is a change in the participant's comprehensive assessment and the participant's service needs change. Also, it may be reviewed at request of the RCAC, at the request of the participant, or on behalf of the participant, as requested by the care manager or the participant's representative. The agreement should be updated as mutually agreed to by all parties. (For a sample service agreement, see Attachment 2.)

Although this documentation is not required to be included in the initial waiver application, a copy must be maintained in the county's files.

Cost Allocation Methodology:

For the waiver program, there must be a cost allocation methodology to distinguish waiver allowable services from room and board costs. This methodology must include but is not limited to the information requested in Chapter V of the Home and Community Based Waivers Manual, and should address the specific charges for each participant. The methodology should be updated any time the RCAC changes their rates. (For a sample cost allocation methodology and blank copy, see Attachment 3.)

When the care manager completes the Room and Board Formula (DDE-920), and if it is determined the participant does not have enough money to pay the entire room and board costs, unlike other substitute care facilities, COP may not be used to assist in the payment of these costs. Other funding, such as county levy or BCA, or a family contribution, or perhaps the facility agreeing to reduce their profit or to write off the difference would have to be pursued to assist the participant in paying the room and board amount. If other funding is not available, that RCAC may not be a feasible living alternative.

This documentation is required to be included in the initial waiver application along with a copy maintained in the county's files

Annual Recertification:

The cost allocation methodology is also needed for annual recertification. Please note that the cost allocation methodology should reflect whatever amounts are listed on the ISP. For external recertifications, if the cost allocation methodology on file at TMG does not reflect the amounts listed on the ISP for the room/board and program costs, an updated methodology should be obtained and sent to TMG.

Common RCAC Questions and Answers:

Question 1 – Does the cap on the amount of waiver funding for RCACs include care management costs?

No. The annually established daily maximum is for RCAC waiver support and supervision cost only. Services such as care management, adaptive aids, communication aids, specialized medical supplies, etc. can be provided to a participant even if the cost of the entire service plan is more than the established maximum allowable amount. It is the actual (not averaged) daily cost of support and supervision services the RCAC provides that cannot be over the maximum.

Question 2 – Can the waiver program fund attendant care to a participant who needs assistance when accessing the community?

Example: Ms. Jones, a waiver participant, lives in an RCAC which, as part of the service agreement, provides one trip a week, every Monday, to John's Grocery Store. The RCAC provides attendant care as needed. Ms. Jones prefers to go to Sam's Food Emporium for groceries. Also, her preference is to go on Thursdays because that is the only day the bakery makes her favorite whole wheat bread. In addition, Ms. Jones utilizes a wheel chair and needs assistance during her trips to the store. Not only does she need transportation assistance, but she also needs someone to help get items from the shelves and carry her groceries from the store to her apartment. Ms. Jones and her care manager have requested that the RCAC provide transportation to Sam's Food Emporium and an attendant to assist. The RCAC has said they will not provide this additional service because the participant's service agreement does not include a Thursday trip to Sam's Food Emporium with an attendant. In completing the service agreement upon admission, Ms. Jones agreed to the Monday trip to John's Grocery Store. The RCAC has stated it will continue to provide the trip to John's Grocery Store on Mondays, with attendant care, as per Ms. Jones's service agreement.

The waiver program could pay for the transportation costs to Sam's Food Emporium. However, the waiver program cannot pay for the attendant care. Attendant care is part of SPC 104, supportive home care. Supportive home care is a service that cannot be billed separately for those participants residing in RCACs. This service is to be provided as part of the participant's service agreement. However, other funding sources (i.e. county levy, Basic Community Allocation (BCA), or private pay by the participant or family) could be utilized. It is important to remember COP dollars cannot be used for a person residing in a RCAC. Additionally, volunteers or family members could provide this assistance.

This brings to the surface an important issue to consider. RCACs are to provide a participant up to 28 hours of services per week. The contractual service agreement between the participant and the RCAC outlines the services the RCAC provides to the participant. These services are to be based on the needs and preferences outlined in the comprehensive assessment conducted by the RCAC prior to admission.

If the participant wants services that are different from what the RCAC typically offers that should be negotiated between the participant and the RCAC prior to admission. In this situation, the RCAC typically provides a trip to John's Grocery Store every Monday. Attendant care is provided as needed. Ms. Jones could have requested a different scenario, a Thursday trip to Sam's Food Emporium with attendant care, and perhaps her service agreement could have been adjusted to reflect this preference.

In this situation, it is still possible for Ms. Jones to renegotiate the service agreement. Per HFS 89.27 (4), the service agreement shall be reviewed when there is a change in the comprehensive assessment or at the request of the facility or at the request or on behalf of the tenant and shall be updated as mutually agreed to by all parties. Therefore, Ms. Jones and/or her care manager could request the service agreement be reviewed and updated to reflect this requested change in service. If the RCAC is unwilling or unable to accommodate the wishes of Ms. Jones, Ms. Jones and her care manager may need to discuss all options available to her. This would include seeking alternative informal supports to meet the need. This may also include moving to another living arrangement.

Question 3 – In the event the waiver participant is hospitalized or has a nursing home admission, how should charges for support and supervision be paid?

Answer: It is important for these discussions to occur prior to admission. As you know, waiver funds cannot be used to pay for waiver services while a person is institutionalized. So, some counties chose not to pay anything. However, some counties chose to pay for the support and supervision while the person is in an institution with county levy or BCA funds. Counties may also refer the facility to the Medicaid Waiver Manual for information on how to factor participant-specific institutional stay days into the support and supervision rate.

Question 4 – Can waiver funds be used to pay for the security deposit at the RCAC?

No. Waiver funds cannot pay for the security deposit. The participant or family members will have to pay for the security deposit. If this is a financial burden, the county may assist with county levy or BCA funds. Reminder: COP funds cannot be used.

R.C.A.C. RISK AGREEMENT

Tenant Name: Lucy Smith

Situation, condition, or course of action that may be taken by Tenant contrary to the practice or advice of Facility and which could put Tenant at risk of harm or injury:

Ms. Smith does not always utilize her walker when ambulating outside of her apartment.

Statement of Tenant's preference on how the situation should be handled:

Ms. Smith stated, "I prefer to live at Branchwood Terrace because I have my own apartment, I can make my own choices and I am able to maintain my independence. I don't always like to use my walker so I sometimes don't use it."

Possible consequences of Tenant's preference:

By choosing to ambulate outside of her apartment without her walker, Ms. Smith puts herself at an increased risk for falls.

What the Facility will and will not do to comply with the Tenant's preference and alternatives to minimize risk:

Branchwood Terrace staff will provide assistance with ambulation at the request of Ms. Smith. The staff will also provide reminders to Ms. Smith that she should use her walker to help increase her safety outside of her apartment.

Agreed upon course of action, description of responsibilities of Tenant, family, and Facility:

Ms. Smith, her family, and this facility agree with the above plan of action. Ms. Smith will ask for assistance when she needs it. Branchwood Terrace will provide that assistance as well as offer reminders to continue to use her walker for her own safety.

Needs of the Tenant that will not be provided for by the Facility, if any:

None.

The undersigned Tenant understands and accepts responsibility for the possible outcomes of the agreed-upon course of action.

Follow-up/Evaluation by: Susan Johnson, RN

Eval. Date: 4/27/05

Elizabeth Collins, Asst. Director

R.C.A.C. Representative

Lucy Smith

Tenant/Responsible Party

4/27/05

Date

4/27/05

Date

R.C.A.C. RISK AGREEMENT

Tenant Name: _____

Situation, condition, or course of action that may be taken by Tenant contrary to the practice or advice of Facility and which could put Tenant at risk of harm or injury:

Statement of Tenant's preference on how the situation should be handled:

Possible consequences of Tenant's preference:

What the Facility will and will not do to comply with the Tenant's preference and alternatives to minimize risk:

Agreed upon course of action, description of responsibilities of Tenant, family, and Facility:

Needs of the Tenant that will not be provided for by the Facility, if any:

The undersigned Tenant understands and accepts responsibility for the possible outcomes of the agreed-upon course of action.

Follow-up/Evaluation by: _____ **Eval. Date:** _____

R.C.A.C. Representative

Tenant/Responsible Party

Date

Date



Branchwood Terrace Residential Care Apartment Complex

1715 Branchwood Lane
Phone: (608) 555-5555

Anytown, WI 99999
Fax: (608) 555-9999

SERVICE PLAN - A

Basic services included in the \$1406 monthly care/supervision charge:

- Registered Nurse Supervision
- 24 Hour Staff Supervision
- 24 Hour Security
- Emergency Staff Notification System
- Social and Therapeutic Activity Programs
- Transportation
- Handicapped Accessible Bathing Area
- Individualized Service Plan

Optional services available at additional charge:

- Pet Security Deposit - \$100 per pet
- Parking Garage - \$35 per month

Summary:

Monthly Program Costs:	<u>\$1406</u>
Monthly Optional Service Costs:	<u>\$0</u>
Monthly Room/Board Costs:	<u>\$572</u>
Security Deposit:	<u>\$ 600</u>
Move in Date:	<u>5/1/05</u>

Elizabeth Collins, Asst. Director
R.C.A.C. Representative

4/27/05
Date

Lucy Smith
Tenant/Responsible Party

4/27/05
Date



Branchwood Terrace Residential Care Apartment Complex

1715 Branchwood Lane
Phone: (608) 555-5555

Anytown, WI 99999
Fax: (608) 555-9999

SERVICE AGREEMENT

This Service Agreement is made and entered into as of 5/1/05, by and between Branchwood
(Date)

Terrace Residential Care Apartment Complex and Lucy Smith.
(RESIDENT's Name)

- A. Walkerfield, Inc. owns and operates Branchwood Terrace RCAC, located at 1715 Branchwood Lane, Anytown, Wisconsin.
- B. Branchwood Terrace RCAC provides tenants up to 28 hours per week of Assisted Living care and services to residents 62 years of age and older. Branchwood Terrace RCAC operates on a non-discriminatory basis and affords equal treatment and access to services to eligible persons regardless of race, color, religion, sex, national origin, ancestry or sexual orientation.
- C. The purpose of this Agreement is to provide a statement of the services Branchwood Terrace RCAC will provide to you and to indicate the other legal obligations Branchwood Terrace RCAC will assume. This Service Agreement also provides the legal obligations you assume while living at Branchwood Terrace RCAC.

Agreements

Branchwood Terrace RCAC and RESIDENT agree on the following terms and conditions of the rental:

- 1. Basic Services: You have chosen to participate in Service Plan A. All services covered and the monthly fee associated with this plan are found in Attachment A.
- 2. Apartment: Your apartment, #110, includes a kitchen with appliances and smoke detectors, heat, water, electricity, wall to wall carpeting, cable TV/telephone jacks, emergency staff notification system, and a keyed mailbox.

3. Common Facilities: You are entitled to share with all the other residents of Branchwood Terrace the use of the common areas. These include the dining room, the indoor sitting area, and outdoor courtyard.
4. Planned Activities: Branchwood Terrace regularly offers social and recreational activities for all residents interested in participating. These activities occur both at Branchwood Terrace as well as other locations.
5. Maintenance: Branchwood Terrace RCAC will provide maintenance and repairs to your apartment as needed. Those repairs associated with normal wear and tear will be provided at no cost to you. However, you will be responsible for repairs not caused by normal wear and tear.
6. Excluded Health-Related Services: Branchwood Terrace is not responsible for furnishing or paying for any health care items or services not expressly included in this Agreement, including, but not limited to walkers, canes, wheelchairs or oxygen services.
7. Admission Criteria: Prior to your acceptance to Branchwood Terrace you must:
 - a. Receive an assessment by the Registered Nurse from United Home Health Agency and the Director of Operations of Branchwood Terrace.
 - b. Agree upon a Service Plan and Risk Agreement with Branchwood Terrace.
 - c. Complete an application for residency.
8. Resident's Rights: Branchwood Terrace agrees to comply with all applicable statutes and regulations that define the rights of RCAC residents. Branchwood Terrace will actively foster these rights by incorporating them into our facility management, philosophy, programming, training and personal interactions.
9. Terms of Agreement and Fees:
 - a. The terms are for one year, unless the facility is unable to meet the needs of the resident.
 - b. The security deposit shall be \$600.
 - c. The monthly fee is due on or before the 1st day of each month.
 - d. Optional Services (see Attachment A)
 - e. Adjustments to Fees and Services:
 1. Fees: The monthly fee or the charges for optional services may be changed from time to time at the discretion of this facility. Branchwood Terrace shall give you 30 days written notice of any change in your monthly fee or in the charges for optional services.
 2. Services: Branchwood Terrace may modify the basic services provided to you under this agreement upon 30 days written notice to you.
10. Transfers:
 - a. Residents may transfer from one apartment to another, provided authorization from the Director of Operations has been made.
 - b. Branchwood Terrace requires a 30 day written notice to the Director of Operations of the intent to transfer due to the need for more appropriate care.
 - c. Branchwood Terrace requires a 30 day written notice to the Director of Operations of the intent to transfer from the facility. Residents are expected to fulfill payment for those 30 days, even if alternative placement has been made.

11. Termination of Agreement:

- a. Termination of this agreement by a resident requires a 30 day written notice to the Director of Operations.
- b. Branchwood Terrace may terminate this agreement at any time for cause, by giving 30 days prior written notice to you. Termination for cause may include, but is not limited to, the following situations:
 1. You are incapable of recognizing danger, summoning assistance, expressing need or making decisions.
 2. You are or have become incompetent or incapacitated.
 3. You fail to pay your monthly fee when due.
 4. You fail to comply with State or local laws.
 5. You fail to comply with the policies and rules of Branchwood Terrace.
 6. The amount of time required to provide personal, supportive and nursing services to you exceeds 28 hours per week.
 7. You exceed the level of services that Branchwood Terrace is required to provide.
 8. You have chronically unstable medical conditions that require the immediate availability of a Registered Nurse 24 hours a day.
 9. The use of the facility is changed.
 10. You have misrepresented your financial resources, personal or health history to Branchwood Terrace.
 11. You have become a danger to the health and safety of yourself and/or others.
- c. This agreement shall terminate automatically upon your death.

12. Refunds: After vacating your apartment, your security deposit will be refunded if the apartment inspection meets the approval of the Director of Operations and/or the Maintenance Supervisor.

13. Your Property Rights and Obligations:

- a. Liability for Damage: You agree to maintain your apartment in a clean and orderly condition. You further agree to reimburse Branchwood Terrace for any loss of, or damage to the facility property, inside or outside of your apartment caused by you or your guest, excluding normal wear and tear.
- b. Responsibility for your Property: Branchwood Terrace shall not be responsible for the loss of any personal property belonging to you due to theft, fire or any other cause, unless the loss or damage was caused by the negligence of the Branchwood Terrace facility or any of its employees. Branchwood Terrace residents shall purchase renter's homeowners insurance coverage providing for personal liability (bodily injury and property damage) coverage with a limit of not less than \$100,000.

14. Miscellaneous:

- a. Pets are allowed. A pet application must be completed and a pet security deposit made.
- b. Smoking is allowed in the individual's apartment. Please refer to the Smoking policy for the facility.
- c. Couples may reside at Branchwood Terrace provided that an assessment has been completed by the Registered Nurse and Director of Operations on both individuals. The assessment will determine the monthly rate for each individual.

- d. The Director of Operations/Maintenance Supervisor has the right to enter the premises at any time by master key or other lawful means, if necessary, to inspect the premises, to make repairs/alterations in the premises, or elsewhere on the property, to enforce any provision of this Agreement or to show the premises to prospective future tenants or purchasers without being held liable to prosecution therefore, or damages by reason thereof.
- e. The Resident and/or Responsible Party has the right to view records relating to services rendered.

Branchwood Terrace Representative:

Elizabeth Collins
(Name)

Asst. Director
(Title)

4/27/05
(Date)

Resident:

Lucy Smith
(Name)

4/27/05
(Date)

****Responsible Party:**

(Name)

(Title)

(Date)

** Assumes financial responsibility and obligations for resident.

R.C.A.C. ANNUAL OPERATING BUDGET

R.C.A.C.: *Branchwood Terrace*
Budget Year: 2005
Client: *Lucy Smith*
Prepared By: *William Jones*

Section A: Room/Board Costs	Amount
1. Rent/Mortgage Payments	\$65,600
2. Property/Casualty Insurance	575
3. Property Taxes	3,300
4. Building/Grounds Maintenance	6,400
5. Maintenance Salaries	8,420
6. Resident Food	40,500
7. Household Supplies	4,450
8. Resident Furnishings	2,235
9. Utilities	11,715
10. Resident Phone	0
11. Cable TV	7,390
12. Other Housing Costs	485
Subtotal A – Room/Board	\$151,070

Section B: Program Costs	Amount
1. Staff Salaries & Benefits	\$306,450
2. FICA	16,605
3. Staff Training/Education	2,305
4. Worker's Compensation	11,855
5. Unemployment Compensation	18,975
6. Staff Travel	605
7. Resident Travel/Entertainment	1,800
8. Staff Telephone	1,425
9. Recruitment	2,200
10. Audit/Accounting/Legal Fees	2,500
11. Operating Licenses & Fees	1,100
12. Data Processing Fees	650
13. Staff/Agency Liability Insurance	3,300
14. Other Program Costs	1,500
Subtotal B – Program Costs	\$371,270

BUDGET SUMMARY			
1. Total Operating Costs (Subtotal A + Subtotal B)	\$522,340	5. Monthly Room/Board Rate (Subtotal A ÷ # of Beds ÷ 12)	\$572
2. Budgeted Beds in Facility	22	6. Monthly Program Rate (Subtotal B ÷ # of Beds ÷ 12)	\$1,406
3. Annual Cost per Bed (Line 1 ÷ Line 2)	\$23,743	7. Daily Room/Board Rate (Subtotal A ÷ # of Beds ÷ 365)	\$18.81
4. Total Monthly Operating Costs (Line 3 ÷ 12)	\$1,979	8. Daily Program Rate (Subtotal B ÷ # of Beds ÷ 365)	\$46.24

R.C.A.C. ANNUAL OPERATING BUDGET

R.C.A.C.:	Budget Year:
Client:	Prepared By:

Section A: Room/Board Costs	Amount
1. Rent/Mortgage Payments	
2. Property/Casualty Insurance	
3. Property Taxes	
4. Building/Grounds Maintenance	
5. Maintenance Salaries	
6. Resident Food	
7. Household Supplies	
8. Resident Furnishings	
9. Utilities	
10. Resident Phone	
11. Cable TV	
12. Other Housing Costs	
Subtotal A – Room/Board	

Section B: Program Costs	Amount
1. Staff Salaries & Benefits	
2. FICA	
3. Staff Training/Education	
4. Worker's Compensation	
5. Unemployment Compensation	
6. Staff Travel	
7. Resident Travel/Entertainment	
8. Staff Telephone	
9. Recruitment	
10. Audit/Accounting/Legal Fees	
11. Operating Licenses & Fees	
12. Data Processing Fees	
13. Staff/Agency Liability Insurance	
14. Other Program Costs	
Subtotal B – Program Costs	

BUDGET SUMMARY			
1. Total Operating Costs (Subtotal A + Subtotal B)		5. Monthly Room/Board Rate (Subtotal A ÷ # of Beds ÷ 12)	
2. Budgeted Beds in Facility		6. Monthly Program Rate (Subtotal B ÷ # of Beds ÷ 12)	
3. Annual Cost per Bed (Line 1 ÷ Line 2)		7. Daily Room/Board Rate (Subtotal A ÷ # of Beds ÷ 365)	
4. Total Monthly Operating Costs (Line 3 ÷ 12)		8. Daily Program Rate (Subtotal B ÷ # of Beds ÷ 365)	

INDIVIDUAL SERVICE PLAN – WAIVERS/COP

☐ New Plan
☐ Recertification
☐ Plan Update

Waiver Type: <input type="checkbox"/> 1.CIP IA <input type="checkbox"/> 2.CIP II <input checked="" type="checkbox"/> 3.COP-W <input type="checkbox"/> 4.CIP IB <input type="checkbox"/> 5.BIW <input type="checkbox"/> 6.CSLA <input type="checkbox"/> 7.COP <input type="checkbox"/> 8.ALFCGP <input type="checkbox"/> 9.CLTS				Case Manager: <div style="text-align: right;"><i>Ivanna Help</i></div>			
Participant Name: <i>Lucy Smith</i>				LOC Determination Date CIP IA/IB:	Service Plan Development Date: <i>04/27/05</i>		
Address (street): <i>Branchwood Terrace RCAC 1715 Branchwood Lane</i>				Functional Screen Date: <i>04/27/05</i>	Cost Share Amount: <i>\$0.00</i>		
City, State, Zip: <i>Anytown, WI 99999</i>		Telephone Number: <i>(555) 987-6543</i>		Level of Care (CIP IA, CIP IB CIP II, COP-W, COP) <i>Level II</i>	Waiver Cost/Day/Total: <i>\$50.19</i>		
MA Number: <i>123456789</i>		Planned Community Living Arrangement Type: <input type="checkbox"/> CBRF (No. Beds in CBRF) _____ <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Living with Family or Others in a Home/Apt. <input type="checkbox"/> Supervised Apartment <input checked="" type="checkbox"/> Other (specify): <i>RCAC</i> <input type="checkbox"/> Living Alone					

SPC*	Service Type	Service Provider Name and Address	Start Date	Unit Cost (\$/hr, /day)	Units of Service and Frequency (#/day, week, month)	Daily Cost (yearly/365)	Funding Source (SSI, COP, Waivers, Cost Share, MA Card, etc.)
	<i>Personal Allowance</i>	<i>Lucy Smith</i>	<i>05/01/05</i>	<i>\$65/mo</i>	<i>7 Days/wk</i>		<i>Social Security</i>
	<i>Housing/ Room and Board</i>	<i>Branchwood Terrace 1715 Branchwood Lane</i>	<i>05/01/05</i>	<i>\$572.00/mo</i>	<i>7 Days/wk</i>		<i>Social Security</i>
<i>711</i>	<i>RCAC</i>	<i>Branchwood Terrace</i>	<i>05/01/05</i>	<i>\$1406/mo</i>	<i>7 Days/wk</i>	<i>\$46.24</i>	<i>COP - W</i>
<i>604</i>	<i>Care Management</i>	<i>Northwoods County Ivanna Help</i>	<i>04/27/05</i>	<i>\$60/hr</i>	<i>2 hrs/mo</i>	<i>\$3.95</i>	<i>COP - W</i>
	<i>Dr. Visits Medications Social Support</i>	<i>Dr. Casey Walgreens Mary Green - Daughter</i>	<i>05/01/05 05/01/05 05/01/05</i>		<i>2 times/yr Monthly Ongoing</i>		<i>Medicaid Medicaid Volunteer</i>

* Medicaid card services will not have a SPC number.

Administering County Agency: <i>Northwoods County Social Services</i>		Telephone: <i>(555) 987-1234</i>		Case Manager: <i>Ivanna Help</i>		Telephone: <i>(555) 987-1234</i>	
Address: <i>123 Main Street, Anytown, WI 99999</i>				Address: <i>123 Main Street, Anytown, WI 99999</i>			
Guardian: <i>N/A</i>				Telephone (home):		Telephone (work):	
Address:				City:		State:	Zip:
IN CASE OF EMERGENCY, NOTIFY: Name: <i>Mary Green</i>				Telephone (home): <i>(555) 987-5689</i>		Telephone (work): <i>(555) 987-4720</i>	
Address: <i>1645 Evermore Drive</i>		City: <i>Anytown</i>		State: <i>WI</i>	Zip: <i>99999</i>	Relationship: <i>Daughter</i>	
<p>I have been informed of and understand my choices in the waiver programs, including approval or rejection of my service plan.</p> <p>I have been informed of and understand my rights and responsibilities in the MA Community Waiver/COP programs. I was informed verbally and in writing of my rights and responsibilities. I further understand I have a choice of living in a <i>nursing home. ICF/MR, or in the community</i> with assistance.</p>							
Participant Signature: <i>Lucy Smith</i>		Date: <i>04/27/05</i>		Participant Signature (6 month Review/Update):		Date:	
Witness/POA/Guardian/Authorized Representative Signature:		Date:		Witness/POA/Guardian/Authorized Representative Signature (6 month Review/Update):		Date:	
Case Manager Signature: <i>Ivanna Help</i>		Date: <i>04/27/05</i>		Case Manager Signature (6 month Review/Update):		Date:	